| PATENT APPLICATION FEE DETERMINATION RECOR                                       |   |   |                                       |                                     |                            |                  |       |                    | Application or Docket Number |               |                     |                        |  |
|--|---|---|---------------------------------------|-------------------------------------|----------------------------|------------------|-------|--------------------|------------------------------|---------------|---------------------|------------------------|--|
| Effective October 1, 2003  |   |   |                                       |                                     |                            |                  |       | 10765364           |                              |               |                     |                        |  |
| CLAIMS AS FILED - PART   (Column 2)  |   |   |                                       |                                     |                            |                  |       | SMALL<br>TYPE      | ENTITY                       | OR            |                     | R THAN<br>ENTITY       |  |
| TOTAL CLAIMS   |   |   | 4                                     |                                     |                            |                  |       | RATE               | FEE                          | 7             | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER FILED                          |                                     | NUMI                       | IBER EXTRA       |       | BASIC FI           | 385.00                       | OR            | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 4 minus 20 = *                        |                                     | •                          | O                |       | X\$ 9=             |                              | OR            | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |   |   | 2 minus 3 = 0                         |                                     |                            |                  |       | X43=               | † <u> </u>                   | OR            | X86=                |                        |  |
| MULTI  | PLE DEPEN   | NDENT CLAIM P                             | RESENT                                |                                     |                            |                  |       | +145=              |                              | 1             |                     |                        |  |
| • If the   | difference  | in column 1 is                            | less than zero, enter "0" in column 2 |                                     |                            |                  |       | TOTAL              | 3-85                         | OR            |                     |                        |  |
| CLAIMS AS AMENDED - PART II  |   |   |                                       |                                     |                            |                  |       | IOIAL              | <b>P</b> 00                  | Jor           |                     | 7140                   |  |
| 4/6/05 (Column 1) (Column 2) (Column 3)  |   |   |                                       |                                     |                            |                  |       | SMALE              | .ENTITY                      | OR            | SMALL               |                        |  |
| AMENDMENT A  |   | CLAIMS REMAINING AFTER AMENDMENT          | INING<br>ER                           |                                     | EST<br>BER<br>BUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE       |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| ₹ Ta   | tal   | . 4                                       | Minus                                 | -20                                 | 2                          | = 0              |       | X\$.9-             |                              | <del>OR</del> | X\$18=              |                        |  |
| AME  | lependent   |   |                                       |                                     | •                          |                  | X43=  |                    | OR                           | X86≃          |                     |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                   |   |   |                                       |                                     |                            | Ī                | +145= |                    | OR                           | +290=         |                     |                        |  |
| 1 / -  |   |   |                                       |                                     |                            | L                | TOTAL |                    |                              | TOTAL         |                     |                        |  |
| 10/2   | 10/24/05 (Column 1) (Column 2) (Column 3)   |   |                                       |                                     |                            |                  |       | DDIT. FEE          | <u> </u>                     |               | ADDIT. FEE          |                        |  |
| AMENDMENT B  | Ä   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUMB<br>PREVIO<br>PAID F   | ER<br>USLY                 | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE       |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total  |   | · 3.                                      | Minus                                 | -21                                 | 9                          |                  |       | X\$ 9=             |                              | OR            | X\$18=              |                        |  |
| A FIR  | Independent • 1 FIRST PRESENTATION OF MU  |   | Minus 3                               |                                     | CLAIM                      | <u> </u>         |       | X43=               |                              | OR            | X86=                |                        |  |
|  |   |   |                                       |                                     |                            |                  |       | +145=              |                              | OR            | +290=               |                        |  |
|  |   |   |                                       |                                     |                            |                  | A     | TOTAL<br>DDIT. FEE |                              | OR            | YOTAL<br>ADDIT, FEE | •                      |  |
|  |   | (Column 1)                                | •                                     | (Colum                              |                            | (Column 3)       |       |                    | •                            | •             |                     |                        |  |
| AMENDMENT C  |   | REMAINING<br>AFTER<br>AMENDMENT           |                                       | HIGHE<br>NUMBI<br>PREVIOU<br>PAID F | ER<br>USLY:                | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE       |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Ş T t  | a)  | •   | Minus                                 | **                                  |                            | =                |       | X\$ 9=             |                              | OR            | X\$18=              |                        |  |
| N Inde   |   |   | Minus                                 | Add Control Control                 |                            | •                | F     | X43=               |                              | OR            | X86=                |                        |  |
| PIH  | OI PHESE  | VTATION OF MU                             | LTIPLE DEP                            | ENDENT (                            | CLAIM                      |                  | +     | 4.45               |                              |               |                     |                        |  |
| the entry in column 1 is less than the intry in column 2, write "0" in column 3. |   |   |                                       |                                     |                            |                  |       | +145=<br>TOTAL     |                              | OR            | +290=               |                        |  |
| ent the  | TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" (Noted or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |                                     |                            |                  |       |                    |                              |               |                     |                        |  |